

# *Application for Initial Certification*

## *EMT-I Instructor*

### Section of Community Health and Emergency Medical Services

PO Box 110616, Juneau, AK 99811-0616

(907) 465-3027 FAX: (907) 465-6736

<http://www.chems.alaska.gov>

Name:	SSN:
Address:	Date of Birth:
	Home Phone:
Gender (Optional):    Male       Female	Work Phone:
Occupation:	E-mail Address:
EMS Affiliation/s:	
<div style="text-align: center;">Ethnic Origin (Optional):</div> <div> White   Black   Hispanic   American Indian   Alaska Native   Asian or Pacific Islander   Other: _____ </div>	

**1. Provide a copy of a card, certificate, or license evidencing at least one of the following valid credentials:**

- EMT-I, EMT-II, or EMT-III issued by the Department of Health and Social Services;
- EMT-Basic, EMT-Intermediate, or EMT-Paramedic by the National Registry of EMTs;
- Authorization to practice in the state as a Mobile Intensive Care Paramedic (MICP); or
- Authorization to practice in the state as a physician, physician assistant or registered nurse.

**2. Provide evidence of experience as an EMT or EMT-Paramedic**

Applicants for EMT-I Instructor certification who are using the following credentials, must have at least three (3) years of experience as an EMT or EMT-Paramedic.

- EMT-I, EMT-II, or EMT-III by the Department of Health and Social Services;
- EMT-Basic, EMT-Intermediate, or EMT-Paramedic by the National Registry of EMTs; or
- Authorization to practice in the state as a physician, physician assistant or registered nurse.

Certification Level:	State where Certification Held:	Dates of Certification:

3. **Provide evidence of Instructor Training**

Training	Dates	Location	Contact Person (name and phone number)
Methods-of-Instruction Training:			
Alaska-Specific EMS Orientation:			
Basic Instructor Orientation:			
Other (list):			

4. **Provide evidence of a valid CPR Instructor credential**

OR

<b><i>Request for a Waiver of CPR Instructor Certification</i></b>	
I am requesting that the requirement for evidence of a valid CPR Instructor certification be waived. I will ensure that the CPR portions of any EMT courses for which I am the primary instructor will be taught by a person who has a valid CPR instructor certification.	
Signature of Applicant:	Date:

***APPLICATION CHECKLIST***

- ☐ Completed application for certification;
- ☐ Evidence of valid medical credential (EMT, MICP, RN, PA, MD, DO);
- ☐ Evidence of experience as an EMT or EMT-Paramedic (not required for Alaska MICPs);
- ☐ Valid CPR instructor credential or signed waiver;
- ☐ Completion of the EMT-I written examination with a score of 90%, or greater within no more than two attempts made no more than one year and no less than 10 days before attending the course  
(Date exam taken: \_\_\_\_\_);
- ☐ Completion of a department-administered practical examination for EMT-I, II, or III or National Registry EMT-Basic, EMT-Intermediate, or EMT-Paramedic (Date exam taken: \_\_\_\_\_);
- ☐ Completion of the instructor training program (Methods of Instruction, Alaska-Specific EMS Orientation, and Basic Instructor Orientation); and
- ☐ \$25 testing fee.

## ***CRIMINAL HISTORY QUESTIONS***

***Must be completed by all applicants***

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a violation of federal or state law, <u>excluding minor traffic violations</u> , within the last <b>fifteen</b> years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a violation of federal or state law pertaining to medical practice or drugs?                                      |

If you marked "YES" in response to either of the preceding two questions, please refer to the "Instructions for Affidavits" below.

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### **INSTRUCTIONS FOR AFFIDAVITS**

PLEASE READ THIS SECTION COMPLETELY:

1. **All individuals who responded "YES" to either of the two questions** above on this application must submit a signed affidavit with this application for certification. The affidavit must include:

- case name and number
- the specific date of the conviction;
- the official name of the crime(s);
- the sentencing or treatment requirements imposed;
- the status of sentencing or treatment required; and
- any other information you believe is germane to your application for EMT certification.

The affidavit must be signed in the presence of a notary public, postmaster, clerk of court, judge, magistrate, state trooper or authorized state employee or EMS certifying officer.

The Section of Community Health and EMS reserves the right to require the submission of relevant court documents prior to determining whether a certificate should be issued.

2. **In addition, applicants who responded "YES"** to the question regarding convictions for violating a federal or state law must obtain and submit the results of a criminal record check from the Alaska Department of Public Safety. The record check must have been completed within the 90 days preceding the date of application. If the criminal conviction was for a traffic related offense, a driving history from the Department of Public Safety also must be submitted. The driving record must have been completed within the 90 days preceding the date of application.

**Failure to disclose convictions may be considered "fraud or deceit in obtaining a certificate" and is, in itself, grounds for the suspension, revocation, or refusal to issue a certificate.**

## RELEASE OF INFORMATION AND VERIFYING SIGNATURE

I, \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_, authorize the Department of Health and Social Services, Section of Community Health and Emergency Medical Services, to examine my EMS education records and any law enforcement records pertaining directly to this application for certification, and to discuss them with persons having possession of them. I also expressly permit and authorize release of such records pertaining directly to this application for certification to the Department of Health and Social Services, Section of Community Health and Emergency Medical Services.

I request that, upon presentation of this release, or a true copy, that you provide copies of those records to the Section of Community Health and EMS and/or representatives of the office of the Attorney General of the State of Alaska.

I authorize the Section of Community Health and EMS to discuss my records with persons or organizations which are considered appropriate by the Section in connection with an official investigation, and to provide copies of my records to those persons or organizations, if appropriate.

I understand that records disclosed to the department may become part of a public record and may not be protected from further disclosure by law.

This authorization is given expressly in connection with my application for certification as an Emergency Medical Technician, Defibrillator Technician or EMS Instructor in Alaska., This authorization expires one year from the date of my signature or at the expiration of my certification, whichever is last.

I certify under penalty of perjury that the foregoing is true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

1. **(IN THE PRESENCE OF A NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE, IF SUCH OFFICIAL IS AVAILABLE, APPLICANT MUST SIGN HERE.)**

THIS IS TO CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me appeared \_\_\_\_\_ to me known and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.

\_\_\_\_\_  
My Commission Expires \_\_\_\_\_

(2) **(IF THERE IS NO NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE AVAILABLE, APPLICANT AND CERTIFYING OFFICER MUST SIGN HERE.)**

I certify under penalty of perjury that the foregoing is true and accurate. No Notary Public, Postmaster, Clerk of the Court, Judge, Magistrate, State Trooper or authorized State employee is available.

\_\_\_\_\_  
Signature of State Approved  
EMS Certifying Officer

\_\_\_\_\_  
Location

### ***Important Notes Regarding This Application***

The information contained in this application for certification, and in your permanent EMS certification record at the State EMS Office, is considered a "Public Record" and is not protected from disclosure by law. By completing this application and signing it in the presence of a Notary Public or EMS Certifying Officer, you are confirming the accuracy of the information entered on the application.

Your EMS certification records may be kept in electronic, paper, and microfilm formats. You have a right to request a copy of your records at any time. Any individual has the right to inspect and copy public records under reasonable rules and during regular office hours. All requests must be made in writing. Information which is non-disclosable will not be made available.

The Department may charge a fee for searching and copying its records in accordance with AS 09.25.110 and 6 AAC 95.130.

It is the responsibility of the applicant to keep the Department informed of his or her current mailing address. The Department will send correspondence, including applications for recertification, to the address on file.

If an individual believes information contained in his or her certification records is incorrect, the individual should notify the Section, in writing, of the perceived error. The address of the EMS Section is:

Section of Community Health & EMS  
Department of Health and Social Services  
Box 110616  
Juneau, AK 99811-0616

For more information about public records in Alaska, the reader is directed to review AS 09.25.110 – 09.25.220 and 6 AAC 95.010 – 6 AAC 95.900.